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Written statement* submitted by Amnesty International, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[16 February 2015]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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The HRC must urge States to address gender discrimination and accelerate efforts to address preventable maternal mortality and morbidity

"Understanding maternal mortality and morbidity as a matter of human rights requires recognition that the death and grievous injuries sustained by women during pregnancy and childbirth are not inevitable events but rather a direct result of discriminatory laws and practices, failures to establish and maintain functioning health systems and services, and a lack of accountability.", OHCHR report A/HRC/27/20[1]

Amnesty International welcomes the growing political commitment by UN member states towards a comprehensive human rights based approach to eradicating preventable maternal mortality and morbidity, expressed in recent resolutions adopted by the UN Human Rights Council.[2] We also welcome the practical steps undertaken by the Office of the High Commissioner for Human Rights (OHCHR) to help member states translate into practical implementation strategies their human rights obligations and the political commitments they have made to reduce maternal mortality and ensure universal access to sexual and reproductive health. These actions include the OHCHR study on preventable Maternal Mortality and Morbidity and human rights[3]; identifying good practices in adopting a human rights based approach to eliminating preventable Maternal Mortality and Morbidity[4]; developing technical guidance on the application of a human rights based approach to the implementation of policies and programmes to reduce preventable Maternal Mortality and Morbidity[5] and compiling a report on the application of the technical guidance by member states, relevant UN agencies and other stakeholders.[6]

We welcome the growing consensus within UN bodies that full implementation of human rights obligations requires the elimination of preventable Maternal Mortality and Morbidity. A human rights approach means that health systems are strengthened to cater for sexual and reproductive health of different groups of women and girls by providing comprehensive and integrated sexual and reproductive health information and services including the full range of modern contraceptive methods. It also requires prevention and treatment of HIV and other sexually transmitted infections; provision of ante- and post-natal care and emergency obstetric services; provision of safe and legal abortion services and post-abortion care and prevention and treatment of reproductive conditions or diseases. Quality maternal health services should be provided in a manner fully consistent with human rights, including the individual's right to privacy, confidentiality and to make informed decisions without discrimination, coercion or violence. Services should not exclude any groups – for instance, girls and young women, those who are unmarried, or lesbian, gay, bisexual or transgender people.[7] Health workers should be trained[8] to provide services without discrimination against women and girls from any group. Other barriers, such as distance from health services, financial resources and language that prevent women and girls from accessing health services should be addressed.

We welcome the consensus that effective strategies to eradicate preventable Maternal Mortality and Morbidity must empower women and girls to make decisions about their health. Gender discrimination prevents women and girls from controlling their bodies, lives and reproductive health choices and this has been recognised as an important factor in preventable Maternal Mortality and Morbidity. Yet, to date, **insufficient efforts have been made to address gender**

[1] Application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity, Report of the Office of the High Commissioner for Human Rights, A/HRC/27/20, paragraph 4.
[2] A/HRC/11/18; A/HRC/15/17; A/HRC/18/2; A/HRC/21/6;
[3] A/HRC/14/39
[4] A/HRC/18/27
[5] A/HRC/21/22
[6] A/HRC/21/20
[7] CEDAW General Recommendation 24, para. 22.
[8] Ibid. para. 31(f).

discrimination, including discriminatory stereotypes and attitudes towards women and girls that result in high rates of preventable Maternal Mortality and Morbidity.

For example, Amnesty International's research in **Nepal**[9] shows that gender discrimination is closely related to the risk factors for uterine prolapse, a condition Nepali women experience at high rates, many at a relatively young age (under 30). The government of Nepal acknowledged the link between human rights and preventable maternal morbidity in July 2014 when it included the intention to "adopt preventive measures to end uterine prolapse" in its Five Year National Human Rights Action Plan. The government's stated intention to adopt preventive measures is welcome. These measures must empower women and girls to make decisions about their sexual and reproductive lives and health so they can reduce their risk of developing the condition. These should include measures to prevent early marriage and gender-based violence, to eradicate discriminatory attitudes which result in husbands or other family members making decisions about whether women may use contraception, take rest during and after pregnancy or seek healthcare, improve access to skilled birth attendants and contraception. Measures should address serious disparities in access to reproductive health services experienced by particular groups of women such as Dalit women and Muslim women. The government should ensure that clear procedures are put in place for monitoring the effectiveness of the measures taken.

Unmet need for contraception, lack of comprehensive sexuality education and information, and **child, early and forced marriage are also factors contributing to preventable Maternal Mortality and Morbidity.** Amnesty International's research in **Burkina Faso**[10], which had a maternal mortality rate of 341 per 100,000 live births in 2010[11], found that women and adolescent girls face multiple barriers in accessing sexual health related information and contraception. The law does not require women and girls to obtain consent from their spouse or parents to access contraception. However, in practice cultural attitudes mean women and girls must ask permission to visit a health centre. Those without independent financial resources also have to ask for money to pay for contraception. Women and girls have a lower social status and are frequently denied the right to make decisions about their physical health and well-being - by their husbands or other male relatives. Young people have alarmingly limited access to information and sexuality education inside or outside school. Early and forced marriages are common, particularly in rural areas and among communities living in poverty. The lack of access to information, sexuality education, contraceptives and the prevalence of sexual violence and early and forced marriage contribute to unplanned and early pregnancies, which can lead to unsafe abortion or early childbirth, both of which put the health and lives of girls at risk.

Unsafe abortions are the third leading cause of maternal deaths – about 13% globally, according to the World Health Organisation (WHO). The WHO estimates that in 2008, 21.6 million unsafe abortions took place globally, leading to the deaths of 47,000 women and disabilities for an additional 5 million.[12] The WHO figures reflect that globally deaths and morbidity resulting from abortion are high in countries where access to abortion is legally restricted.[13] **El Salvador**'s total abortion ban, which criminalises abortion in all cases, severely compromises the lives and health of thousands women and girls who are forced to rely on unsafe clandestine abortions or have suffered miscarriage (pregnant women who arrive at hospital suffering blood loss or other problems due to miscarriages or unsafe abortions may face criminal prosecution) . It leads to the arbitrary and unjust imprisonment of women and girls for 'crimes', which in reality amount to attempting to exercise their basic human rights to physical and mental integrity. Persistent gender discrimination and inequality in Salvadoran society is at the root of women and girls' inability to exercise their human rights. Salvadoran lawyers, health professionals and women interviewed by Amnesty International[14] have identified as a concern the discriminatory stereotypes around women's primary role as child bearers and mothers, including placing unreasonable obligations on women to protect foetal life. These harmful stereotypes have negatively influenced the development of laws, policies and practices, including the total ban on abortion and its criminalization and the response by the health care and criminal systems.

[9] Amnesty International, ASA 31/001/2014
[10] Amnesty International, AFR 60/001/2009 and a forthcoming report
[11] DHS 2010, http://dhsprogram.com/pubs/pdf/FR256/FR256.pdf [last accessed 4 September 2014]
[12] http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf?ua=1 [last accessed 4 September 2014]
[13] Ibid.
[14] Forthcoming report to be published in September 2014

A human rights approach to tackling preventable Maternal Mortality and Morbidity requires strengthening accountability mechanisms within the health and justice systems. This calls for improved capacity of states for collection and disaggregation of data in order to design, implement and monitor policies and programmes to ensure they do not exclude members of particular groups. Maternal Mortality and Morbidity policies and programmes should be developed with the full participation of women and girls. A key element to accountability includes ensuring access to justice and remedies when violations of sexual and reproductive rights occur.

Amnesty International calls on the Human Rights Council to urge all States to:

- accelerate efforts to apply the OHCHR technical guidance, in particular to tackle the root causes of preventable Maternal Mortality and Morbidity by eliminating gender discrimination that impedes women's and girls' access to health and contributes to preventable Maternal Mortality and Morbidity;

- empower women and girls through provision of sexual and reproductive health information and education, eliminate discriminatory barriers to their access to sexual and reproductive health, including laws criminalising abortion or provision of sexuality related information and any requirement for third party consent to access sexual health information, contraceptives or other services;

- apply the OHCHR technical guidance to strengthen accountability mechanisms within their healthcare and justice systems, and ensure the effective participation of women and girls in formulation of policies that affect their health;

- apply the OHCHR technical guidance to the design, implementation and monitoring of policies and programmes for reduction of preventable Maternal Mortality and Morbidity in the post-2015 development agenda context.